

Appendix 17
Avoiding and Resolving Common Claim Denials

EOB code	Message/Resource/Related Claim Form Element
281	Recipient Medicaid identification number incorrect Medicaid identification card or other eligibility resource → Part A, Section I-C Element 1a
29	Recipient's last name does not match number Medicaid identification card or other eligibility resource → Part A, Section I-C Element 2
614	Recipient's first name does not match number Medicaid identification card or other eligibility resource → Part A, Section I-C Element 2
278	Medicaid files show recipient has other health insurance Part A, Appendix 18 Element 9 (if paid also use element 29)
10	Recipient eligible for Medicare; bill Medicare first Part A, Appendix 17 Medicare-allowed charges → Attach Medicare EOMB Medicare Denied charges → Element 11 (use M-code and do not attach EOMB)
433	Physical therapy limited to 35 treatment days without prior authorization Part P, Section III Element 23
172	Recipient not eligible for date of service billed Medicaid identification card or other eligibility resource → Part A, Section I-C Element 24a
171	Claim/Adjustment received after 12 months from date of service Part A, Section 9-F Element 24a
177	Place of service invalid or not payable Part P, Appendix 4 Element 24b
180	Procedure not payable for type of service or invalid type of service code submitted Part P, Appendix 3 Element 24c
388	Procedure code is incorrect and/or the type of service is not correct for the procedure Part P, Appendix 3 Element 24c and/or 24d
183	Provider not authorized to perform procedure code and/or type of service code Element 24k
175	Performing Provider number is missing/invalid for this procedure Element 24k

424	Billing provider name/number missing, mismatched, or invalid Element 33
100	Claim previously/partially paid on (claim number and R & S date) Part A, Appendix 27 Adjustment Request Form
399	Date of service must fall between the prior authorization grant date and expiration date Part A, Section III-B

Remittance and Status (R&S) Report with EOB Codes Example

This is a partial R&S Report. Actual R&S Reports contain more information. The EOB code is circled in this example.

EDS - Fiscal Agent For the Wisconsin Medical Assistance Program
6406 Bridge Road Voice Response 800/947-3544 608/221-4247
Madison, WI. 53784 Policy/Billing 800/947-8627 608/221-9883
Eligibility 608/221-9254

PATIENT BARRING NUMBER		MEDICAL RECORD NO		ACCOUNTING NO		CLAIM NUMBER		REPORT SEQ NUMBER 2		DATE 07/06/92		PAGE 2	
SERVICE DATES	UN	PER FROM	DAYS	PROCDACCOM	PROCEDUREACCOMMODATION	TOTAL	TOTAL	OTHER	COPAY	PAY	EGB CODES		
FROM TO	CD	RE NUMBER	QTY	ORIG CD/INT SE	DESCRIPTION	SALED	ALLOWED	DEDUCTED		AMOUNT			
ADJUSTMENT TO CLAIMS													
RECIPIENT IM/1234567890			2		399892XXXXXXXXXX						281	743	
112590 112590				1 90040	BRIEF SERVICE	22 00	00	00	00	00	281	80	
1 123 THIS IS AN ADJUSTMENT TO PREVIOUS CLAIM 209890XXXXXXXXXX PAID ON 122690													
1234567890 209890XXXXXXX													
112590 112590			10	1 90040	CLAIM TOTAL	-2200	-1623	00	-100	-1523	1	8	
						-2200	-1623	00	-100	-1523			
3 601 RECEIVABLE ESTABLISHED FOR A BALANCE OF \$15.23 WHICH WILL BE WITHHELD FROM FUTURE PAYMENTS													
CLAIM TYPE SUB-TOTAL			2			00	1623	00	00000	-15 23			
PAID CLAIM TOTALS						2200	00	-104 25	00000	00			